Bortezomib products (Velcade and Bortezomib for injection)

Humana

Pharmacy Coverage Policy

Effective Date: January 01, 2022
Revision Date: August 23, 2023
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Line of Business: Medicare, Commercial, Medicaid - South Carolina, Medicaid - Ohio
Policy Type: Prior Authorization

Products Affected
Velcade solution for injection
bortezomib injection powder for solution
bortezomib intravenous solution
bortezomib intravenous powder for solution

Listed Indications
Mantle Cell Lymphoma
Multiple Myeloma
Waldenström's Macroglobulinemia

Mantle Cell Lymphoma	
Does the member meet all of the following criteria?	
Criteria #1	The member has a diagnosis of mantle cell lymphoma (MCL)
Does the member have any of the following exclusions? If yes, approval may not be appropriate. NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.	
Exclusion #1	The member has experienced disease progression while on a bortezomib-containing regimen.
Approval Duration	
Initial	Bortezomib will be approved in plan year duration or as deemed appropriate through clinical review.

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Multiple Myeloma	
Does the member meet all of the following criteria?	
Criteria #1	The member has a diagnosis of Multiple Myeloma.
Does the member have any of the following exclusions? If yes, approval may not be appropriate. NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.	
Exclusion #1	The member has experienced disease progression while on a bortezomib-containing regimen.
Approval Duration	
Initial	Bortezomib will be approved in plan year duration or as deemed appropriate through clinical review.

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Waldenström's Macroglobulinemia	
Does the member meet all of the following criteria?	
Criteria #1	The member has a diagnosis of Waldenström's macroglobulinemia
Criteria #2	Bortezomib is being used for primary therapy, progressive or relapsed disease or salvage therapy for disease that does not respond to primary therapy
Criteria #3	Bortezomib is being used as monotherapy, in combination with dexamethasone, or

	in combination with a rituximab product
Does the member have any of the following exclusions? If yes, approval may not be appropriate. NOTE: Experimental/Investigational Use – Indications not supported by CMS recognized compendia or acceptable peer reviewed literature.	
Exclusion #1	The member has experienced disease progression while on a bortezomib-containing regimen.
Approval Duration	
Initial	Bortezomib will be approved in plan year duration or as deemed appropriate through clinical review.

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Background

This is a prior authorization policy about bortezomib.

Bortezomib should be administered under the supervision of a physician experienced in the use of antineoplastic therapy. Complete blood counts should be monitored frequently during treatment with this medication.

For specific recommendations on warnings and precautions, patient monitoring and on dose adjustments, omissions, and discontinuation, please refer to the current prescribing information.

Notes:

Bortezomib should not be used in the following:

- Should not be used in patients that are pregnant or lactating.
- Should not be used in patients that have hypersensitivity to bortezomib, boron, or mannitol or any of the accompanying excipients.
- For first line Multiple Myeloma: bortezomib should not be used when Platelet Count is < 70,000 or Absolute Neutrophil Count (ANC) is < 1000.
- Bortezomib is contraindicated for intrathecal administration.

Bortezomib is a reversible inhibitor of the chymotrypsin-like activity of the 26S proteasome in mammalian cells. The 26S proteasome degrades ubiquitinated proteins responsible in regulating intracellular concentrations of specific proteins, thereby maintaining homeostasis within cells. Inhibition of the 26S proteasome prevents this targeted proteolysis, thereby affecting multiple signaling cascades within the cell. This disruption of normal homeostatic mechanisms can lead to cell death. Experiments have shown that bortezomib is cytotoxic to many types of cancer cells in vitro. In non-clinical tumor models bortezomib caused a delay in vivo tumor growth including multiple myeloma.

Bortezomib is indicated for mantle cell lymphoma and multiple myeloma (MM).

Bortezomib is available as Brand Velcade for injection 3.5 mg vials and bortezomib for injection 3.5 mg, 2.5 mg, and 1 mg vials.

Provider Claim Codes

For medically billed requests, please visit www.humana.com/PAL. Select applicable Preauthorization and Notification List(s) for medical and procedural coding information.

Medical Terms

Velcade; bortezomib; multiple myeloma; mantle cell lymphoma; Waldenström's macroglobulinemia; intravenous injection; pharmacy

References

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NCCN Drug and Biologics Compendium. Fort Washington, PA: National Comprehensive Cancer Network (NCCN); Updated periodically.
Velcade (bortezomib) full prescribing information. Millennium Pharmaceuticals. Cambridge, MA. April 2019.
Bortezomib for injection prescribing information. Fresenius Kabi. Lake Zurich, IL. June 2018.

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